

## NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



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E-Mail: PPSASL@ncdoj.gov Web Page: www.ncdoj.gov/PPS.aspx

check block of only ONE of below courses

□FIREARMS CERTIFICATION(20 hours) ☐ RE-CERTIFICATION COURSE(4 hours) **POST-DELIVERY REPORT (mail original to PPS) CERTIFIED TRAINER'S NAME:** \* DATES & TIMES OF TRAINING: start time end time total hours Training date\_\_\_\_ Training date\_\_\_\_\_ Training date\_\_\_\_ Training date\_\_\_ Training date\_\_\_\_ TOTAL TRAINING HOURS \* **RANGE** (check appropriate box): indoor □  $outdoor \square$ DATE & TIME OF QUALIFICATION: RANGE OWNER: (Name)\_ start time date LOCATION OF RANGE: ADDRESS Phone # of Range\_\_\_ NUMBER OF STUDENTS:\_ \* STUDENT NAME(S) CLASSROOM DAY RANGE NIGHT RANGE SHOTGUN SCORE SCORES SCORES SCORES The Basic Armed Security Officer Training Course will consist of a minimum of twenty (20) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 12 NCAC 07D .0807. The Basic Re-Certification Training Course for Armed Security Guards will consist of a minimum of four (4) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 12 NCAC 07D .0807. In addition, the applicant will complete range qualification on the required PPS course of fire with his/her duty handgun and duty ammunition. CERTIFIED FIREARMS TRAINER'S SIGNATURE: DATE \_\_

PISTOL

Circle the weapon(s) that are being trained on:

R 4/2012

REVOLVER

SHOTGUN

\_\_\_ of \_\_\_